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CONFIRMATION NO. 3051

<b>SERIAL NUMBER</b> 10/720,688	<b>FILING OR 371(c) DATE</b> 11/25/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> LAVIE7A	
<b>APPLICANTS</b> Gad Lavie, Rehovot, ISRAEL;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/428,677 11/25/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/11/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged Examiner's Signature <u>Z. F</u> Initials					
<b>ADDRESS</b> 001444					
<b>TITLE</b> Method for preventing or reducing collateral phototoxic damage to neighboring tissues during photodynamic therapy of a target tissue					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		